

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214525080			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: JEWELERS MUTUAL INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: WI</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2014</p> <p>SCC ID NO: F0280810</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 24 JEWELERS PARK DR PO BOX 468</p> <p style="text-align: center;">CITY/ST/ZIP: NEENAH, WI 54957-0468</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KELLY BENJAMIN KINAS TITLE: CORP CON/ASST T ADDRESS: W4114 ALLISON DR CITY/ST/ZIP/CO: KAUKAUNA, WI 54130 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KELLY BENJAMIN KINAS TITLE: CORP CON/ASST T ADDRESS: W4114 ALLISON DR CITY/ST/ZIP/CO: KAUKAUNA, WI 54130	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME:	Alexander J Barcados	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	389 Parkside Dr		
CITY/ST/ZIP/CO:	Toronto, ON M6R 2Z7, CA		
NAME:	Nancy A James	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7521 Chesapeake Ave		
CITY/ST/ZIP/CO:	Baltimore, MD 21219		
NAME:	John A Michaels	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	147 Mansion House Rd		
CITY/ST/ZIP/CO:	Southbury, CT 06488		
NAME:	John L Ward	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7400 Algonquin Dr		
CITY/ST/ZIP/CO:	Cincinnati, OH 45243		
NAME:	Jonathan J Bridge	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2833 Magnolia Blvd		
CITY/ST/ZIP/CO:	Seattle, WA 98199		
NAME:	Howard D Lundgren	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2485 Paradise Dr		
CITY/ST/ZIP/CO:	Tiburon, CA 94920		
NAME:	Kurt C Steckbeck	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 Franklin		
CITY/ST/ZIP/CO:	Geneva, IL 60134		
NAME:	Hugh G Glenn	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	870 Fifth Ave, Apt 12E		
CITY/ST/ZIP/CO:	New York, NY 10021		
NAME:	Sherry A Manetta	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	24 Vermillion Dr		
CITY/ST/ZIP/CO:	Avon, CT 06001		
NAME:	Craig G Undewood	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	611 Dickson		
CITY/ST/ZIP/CO:	Fayetteville, AR 72701		
NAME:	Jared C Ashland	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	301 E Ckearfield Ln		
CITY/ST/ZIP/CO:	Appleton , WI 54913		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Timothy J Riedl VICE PRESIDENT 4131 N Woodridge Dr Appleton, WI 54913	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher D Hartrich VICE PRESIDENT 390 Park St Menasha, WI 54952	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David J Sexton VICE PRESIDENT 1538 Hidden Acres Ln Neenah, WI 54956	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ KELLY BENJAMIN KINAS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		KELLY BENJAMIN KINAS, CORP CON/ASST T PRINTED NAME AND CORPORATE TITLE		5/13/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					